

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>6956</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Sean</u> <u>O'Ryan</u> P.O. Box, Bldg., Room No., if any _____ Street <u>901 Massachusetts Avenue, NW</u> City <u>Washington</u> State <u>District of Columbia</u> ZIP Code + 4 <u>20001</u>	4. Name, file number, and address of labor organization. Name <u>United Association of Plumbers & Pipefitters</u> Labor Organization File Number <u>000-111</u> P.O. Box, Building and Room Number, if any _____ Street <u>901 Massachusetts Avenue, NW</u> City <u>Washington</u> State <u>District of Columbia</u> ZIP Code + 4 <u>20001</u>
5. Position in labor organization. <u>Admin. Asst to General President</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Sean O'Ryan On 8/5/2005 202-628-5823 ext 208
Date Telephone Number

Name of Person Filing Sean O'Ryan

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name ProxyVote Plus

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street Two North Fairfield Plaza, Ste 211

City Fairfield

State Illinois ZIP Code + 4 60093

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Plumbers & Pipefitters National Pension Fund

Trade Name, if any: PPNPF

P.O. Box, Bldg., Room No., if any

Street 103 Oronoco Street

City Alexandria

State Virginia ZIP Code + 4 22314

11.a. Nature of such dealing.

Provides proxy voting services to PPNPF.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

I played golf, attended a lunch and dinner meeting to discuss various proxy voting issues.

12.b. Amount.

\$167

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing Sean O'Ryan

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Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name O'Donoghue & O'Donoghue

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 4748 Wisconsin Avenue, NW

City Washington

State District of Columbia ZIP Code + 4 20016

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

O'Donoghue & O'Donoghue provides legal services to the UA and to a number of trusts in which the UA is interested.

11.b. Approximate dollar value of such dealing.

\$1,400,000

12.a. Nature of interest held or income received.

I attended a UA General Executive Board dinner meeting where dinner was paid for by O'Donoghue & O'Donoghue.

12.b. Amount.

\$125

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Intl Pipe Trades Joint Training Comm</p> <p>Trade Name, if any: IPTJTC</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 901 Massachusetts Avenue, NW</p> <p>City Washington</p> <p>State District of Columbia ZIP Code + 4 20001</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>The IPTJTC is a joint endeavor between the UA and various employer associations (MCAA, UAC, PHCC-NA, and NFSA). The IPTJTC writes, edits and publishes the various training books for various apprentice and training programs.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>I attended a dinner meeting paid for by the IPTJTC during which I discussed various training issues related to UA and its members.</p> <p>12.b. Amount. \$174</p>

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Part B Continuation Page

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Piping Industry Progress and Education</p> <p>Trade Name, if any: P.I.P.E.</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 501 Shatto Place, Suite 200</p> <p>City Los Angeles</p> <p>State California ZIP Code + 4 90020-1786</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>P.I.P.E. is a labor-management cooperation committee formed to improve communications between labor and management, to study and explore new and innovative joint approaches to problems, and to improve health and safety in the plumbing and piping industry.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>As a holiday gift, P.I.P.E. sent me a pair of sunglasses.</p> <p>12.b. Amount. \$179</p>

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name National Inspection Testing Certification</p> <p>Trade Name, if any: NITC</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 501 Shatto Place, Suite 501</p> <p>City Los Angeles</p> <p>State California ZIP Code + 4 90020</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>The NITC is a third-party personnel certification agency, specializing in Firesprinkler Fitter Mastery Certification, HVAC Mastery Certification, Journeyman Pipefitting/Steamfitting, Journeyman Plumber, Med. Gas Inspector & Installer and others.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>As a holiday gift, NITC sent me a pair of sunglasses.</p> <p>12.b. Amount. \$45</p>